



1445 Main St. Tewksbury, MA 01876

Complete All Questions. If you are separated or divorced from your spouse, and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse. However, if you are living with your spouse or significant other, please provide their income information where asked and bring their pay stubs also. This is a requirement by law, no exceptions.

Are you currently [] Married [] Separated [] Divorced [] Single [] Widowed

Name and Residence Information:

Name: _____
Last First Full Middle Suffix

Social Security Number ____-____-____ Date of birth: _____

Name as it appears on your social security card: _____

Spouse's Name: _____
Last First Full Middle Suffix

Spouse's Social Security Number ____-____-____ Spouse's Date of birth: _____

Spouse's Name as it appears on your social security card: _____

Residential Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Telephone Number: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____ Spouse's Email: _____

Spouse's cell:(____) _____ Spouse Work: (____) _____

List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last two years:

Prior/Other Bankruptcy:

- (1) Have you filed any bankruptcy in the last 10 years? Circle One Yes / No
- (2) Has your spouse filed bankruptcy in the last 10 years? Circle One Yes / No

If yes to either question, give case #, State of Filing and date: _____

Please list all **AUTOMOBILES, BOATS, MOTORCYCLES, ATVs , CAMPERS, ETC. (Running or Not) that you own, are purchasing or have co-signed for. (VIN is on registration)**
You must fill in ALL blanks:

1. Year _____ Make _____ Model _____ Type: (ex. SE, XLT, LS) _____
VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive
Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

Odometer miles: _____ Is vehicle currently running? YES / NO
Finance Co.: _____ Mo. Payment: _____
Name(s) in which Property is Titled: _____

#2. Year _____ Make _____ Model _____ Type: (ex. SE, XLT, LS) _____
VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive
Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

Odometer miles: _____ Is vehicle currently running? YES / NO
Finance Co.: _____ Mo. Payment: _____
Name(s) in which Property is Titled: _____

#3. Year _____ Make _____ Model _____ Type: (ex. SE, XLT, LS) _____
VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive
Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

Odometer miles: _____ Is vehicle currently running? YES / NO
Finance Co.: _____ Mo. Payment: _____
Name(s) in which Property is Titled: _____

#4. Year _____ Make _____ Model _____ Type: (ex. SE, XLT, LS) _____
VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive
Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

Odometer miles: _____ Is vehicle currently running? YES / NO
Finance Co.: _____ Mo. Payment: _____
Name(s) in which Property is Titled: _____

****If you own more than 4 vehicles, please ask for an additional sheet****

BOAT, MOTORS AND TRAILERS

Boat

Year _____ Make _____ Model Hull # _____ Length _____

Circle One: Fiberglass OR Aluminum

Name(s) in which Property is Titled: _____

Engine Year _____ Make _____ Model/ Horsepower _____

Circle One: Outboard OR Inboard # Cylinders _____ Type of Starter _____

Trailer Year _____ Make _____ Model _____ Vin# _____ Axles _____

PLEASE LIST ESTIMATED VALUE OF ALL OF YOUR HOUSEHOLD FURNISHINGS, JEWELRY, COLLECTIBLES, ANTIQUES, ETC.

The value you list should be what the items would sell for in their current condition (think in terms of consignment, pawn shop or garage sale value), not necessarily what you originally paid for them. For example, a new television would normally cost more than a used television. If you and your spouse are filing jointly, the values should include what you both own.

<u>Category</u>	<u>Value</u>	<u>Category</u>	<u>Value</u>
Furniture	\$	Electronics	\$
Clothing	\$	Jewelry	\$
Books	\$	Artwork	\$
Collectibles of all kinds	\$	Antiques	\$
Firearms	\$	Tools	\$
Lawn Equipment	\$	Animals (includes pets)	\$
Health Aids (ie hearing aids)	\$		

If you have any special items that are more valuable than ordinary household goods, please specify below. (For example, a lawn tractor, plasma television, expensive tool, antique, a valuable individual piece of jewelry, a coin or baseball card collection, or animal such as a horse would need to be separately described.) _____

Please list make and model of each firearm and value of each: _____

Please list types of animals and value of each: _____

PLEASE LIST THE NAME, VALUE AND BENEFICIARY OF ANY LIFE INSURANCE POLICIES (INCLUDE JOB RELATED POLICIES). PROVIDE ENTIRE COPY OF WHOLE LIFE POLICIES.

#1. Insurance Company: _____

Circle One: Whole or Term

Face Value \$ _____ Current Cash Value \$ _____

Name of Beneficiary: _____

#2. Insurance Company: _____

Circle One: Whole or Term

Face Value \$ _____ Current Cash Value \$ _____

Name of Beneficiary: _____

Do you have more than 2 life insurance policies? Circle one: YES or NO

If your answer is YES, check this box _____ and write the details on there back of this page.

Do you expect to receive any amount of money or property at any time in the near future by way of gift, inheritance or life insurance proceeds? Circle One: YES or NO

If yes, give details: _____

List ALL Savings, Checking, Money Market or Any Other Bank Accounts. All accounts must be listed even if someone else's name is on it with yours and even if it has a small or negative balance.

***Please provide last 3 months of statements for EACH account.**

#1. Bank Name: _____ Names On Account: _____

Last 4 digits of act #: _____ Balance: \$ _____

Circle One: Checking / Savings

#2. Bank Name: _____ Names On Account: _____

Last 4 digits of act #: _____ Balance: \$ _____

Circle One: Checking / Savings

#3. Bank Name: _____ Names On Account: _____

Last 4 digits of act #: _____ Balance: \$ _____

Circle One: Checking / Savings

#4. Bank Name: _____ Names On Account: _____

Last 4 digits of act #: _____ Balance: \$ _____

Circle One: Checking / Savings

Do you have more than 4 bank accounts? Circle one: YES or NO

Have you closed any bank accounts in the past year? Circle one: YES or NO

If you answered yes, please list the bank name, type of account, date closed, and final balance in account: _____

Please list all Pension or Retirement plans - This would include IRA, 401K, and any Retirement Funds

1. Circle One: 401K Retirement Plan IRA

Name of Investment Company _____

Amount Currently Invested: \$ _____

Name of Client Investing: _____ Date the Investment Began _____

2. Circle One: 401K Retirement Plan IRA

Name of Investment Company _____

Amount Currently Invested: \$ _____

Name of Client Investing: _____ Date the Investment Began _____

Do you have more than 2 retirement accounts? Circle one: YES or NO

If you answered YES, check this box ___ and write the details on the back of this page.

Are you currently paying back a 401K loan? Circle one: YES or NO

If you have a loan on your retirement, please bring in the original loan document. (Document to include date received, amount of original loan, interest rate, monthly payment and estimated payoff date.)

REAL PROPERTY: PLEASE GIVE A DETAILED DESCRIPTION OF YOUR RESIDENCE.

(For mobile homes that are on separate tax bills from the land, skip to Section B.)

A. Address of Property: _____

Description: (Ex. 3 bedroom, 2 bath brick home): _____

What do you think the value of your house is? \$ _____

What date did you purchase your home? _____

What was the original purchase price of the home? \$ _____

Has an appraisal been done in the last six years? Circle One: YES or NO

If so, how much was the appraisal? \$ _____ When was the appraisal done? _____

Mortgage company's name: _____ Payoff balance: \$ _____

Are you behind on your mortgage? Circle One: YES or NO

If so, how many months are you behind? _____ Through what month? _____

Are your taxes and insurance included in your mortgage payment? Circle One: YES or NO

How much is your homeowners insurance? _____ (Even if this is escrowed)

Who is your homeowners insurance with? _____

How much are your property taxes? _____ (Even if this is escrowed.)

2nd Mortgage company's name: _____ Payoff balance: \$ _____

Are you behind on your mortgage? Circle One: YES or NO

If so, how many months are you behind? _____ Through what month? _____

Homeowner's Association's Name: _____

Monthly payment: \$ _____ How many months behind? _____

B. MOBILE HOME (if applicable):

Address of Property where mobile home sits: _____

Year: _____ Make: _____ Model: _____ Dimensions (ex. 14x70): _____

Model number: _____ VIN # _____

What do you think the value of your mobile home is? \$ _____

What date did you purchase your mobile home? _____

What was the original purchase price of the mobile home? \$ _____

Mortgage company's name: _____ Payoff balance: \$ _____

Are you behind on your mortgage? Circle One: YES or NO

If so, how many months are you behind? _____ Through what month? _____

Are your taxes and insurance included in your mortgage payment? Circle One: YES or NO

How much is your homeowners insurance? \$ _____ (Even if this is escrowed)

Who is your homeowners insurance with? _____

How much are your property taxes? \$ _____ (Even if this is escrowed.)

2nd Mortgage company's name: _____ Payoff balance: \$ _____

Are you behind on your mortgage? Circle One: YES or NO

If so, how many months are you behind? _____ Through what month? _____

Do you Own or Rent the Land where the mobile home is located? Circle One: Rent or Own

If you own the land, is it paid for with no lien? Circle One: YES or NO

If you are buying the land, is it included with the same mortgage company?

Circle One: YES or NO

If you pay separately for the land only, please list under REAL PROPERTY section

C. OTHER REAL ESTATE

Other than your residence, do you own or have an interest in any of the following types of real estate:

1. Second Home YES / NO If so, provide same info as the residence (attach separate sheet)

2. Vacant lot/land YES / NO If so, provide same info as the residence (attach separate sheet)

3. Farmland YES / NO If so, provide same info as the residence (attach separate sheet)

4. Business Building YES / NO If so, provide same info as the residence (attach separate sheet)

5. Inherited Property YES / NO If so, provide same info as the residence (attach separate sheet)

6. Co-signed Property YES / NO If so, provide same info as the residence (attach separate sheet)

7. Heir Property YES / NO If so, provide same info as the residence (attach separate sheet)

8. Time Share YES / NO If so, provide same info as the residence (attach separate sheet)

9. Burial Plots YES / NO Description: _____

Value: \$ _____ Lien holder: _____

If you answered **YES** to any of the above, please reference back to the **REAL PROPERTY** page. Also, do not forget to list the creditor on the back of this questionnaire, if you owe money on the property. Attach a separate sheet, if necessary.

Do you rent out any of your property to other persons? Circle One: YES or NO

If yes, please complete the following:

Address of rented property: _____ Rent received: \$ _____

Are taxes and insurance included in payment? Circle One: YES or NO

If not, please state how much: Taxes: \$ _____ Insurance: \$ _____

OTHER PERSONAL PROPERTY:

1. Cash on hand, not in bank account, as of today's date (Be specific): \$ _____

2. Have you given a security deposit to any landlord, utility, or anyone else?

Circle One: YES or NO

If yes, please list to whom, for what service, and how much the deposit was for: _____

3. Have you had a safe deposit box during the last two (2) years? Circle One: YES or NO

If yes, please provide the banks name and address, along with a description of the contents: _____

4. Do you own any stocks or bonds? Circle One: YES or NO

If yes, please provide the name of the investment company: _____

➡ We will need a current statement of value, so please refer to the page above where it asks you about investment accounts.

5. Does anyone owe you any money? Circle One: YES or NO

If so, whom? _____

6. Are you the beneficiary of a trust or future interest? Circle One: YES or NO

If you answered yes, please provide details: _____

YOUR OCCUPATION AND INCOME

Your Occupation: _____ How long at current job? _____

If you are not employed, how long have you been unemployed? _____

Do you have a second job? Circle One: YES or NO

If yes, please list details: _____

*****IF YOU ARE MARRIED AND FILING BY YOURSELF, BY LAW, YOU MUST PROVIDE YOUR SPOUSES' PAY STUBS AND EMPLOYMENT INFORMATION*****

Name and Address of Current Employer: _____

Spouse's Occupation: _____ How long at current job? _____

If not employed, how long has your spouse been unemployed? _____

Does spouse have a second job? Circle One: YES or NO

If yes, please list details: _____

Name and Address of spouse's Current Employer: _____

Have you had any businesses in your name in the last 6 years? Circle One: YES or NO

If so, list the name and address of business, dates of operation, and a description of the business. _____

*****IF YOU ARE SELF-EMPLOYED, A BUSINESS QUESTIONNAIRE MUST BE COMPLETED.***
PLEASE ASK US FOR THIS DOCUMENT.**

LIST ANY INCOME NOT ALREADY LISTED ABOVE (i.e. food stamps, rental income, SSI for children, adoption subsidies, etc.): Please provide documentation any other source of income.

If not already listed above, list every source of income you have had in the last 6 months (including jobs, unemployment, soc. security, worker's comp, alimony/child support, retirement, etc). Also write the full amount grossed during the 6 month period:

1. Source:_____ Dates of employment:_____ How much you grossed \$ _____

2. Source:_____ Dates of employment:_____ How much you grossed \$ _____

3. Source:_____ Dates of employment:_____ How much you grossed \$ _____

DO YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?:

	CLIENT	SPOUSE
Disability/SSI benefit? YES / NO	\$ _____	\$ _____

How long have you been receiving it? _____

Child Support/Alimony? YES / NO	\$ _____	\$ _____
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How long have you been receiving it? _____

How long will you continue to receive it? _____

Is it court ordered? YES / NO

Retirement/pension? YES / NO	\$ _____	\$ _____
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How long have you been receiving it? _____

DO YOU OR YOUR SPOUSE PAY CHILD SUPPORT? YES / NO

How much per month? \$ _____

Is it Court Ordered?: YES / NO

How many more years will you have to pay the support? _____

Are you behind on child support? YES / NO

If yes, how much is the arrearage? \$ _____

Do you pay support to more than one person? YES / NO

If yes, check this box ___ and please provide all information on the back of this page.

Give the address and phone number for the other parent to whom you pay support:

Name: _____ Telephone Number: _____

*Required

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name and address of the court where the child support court order was entered: _____

EXPENSES

What are your average monthly expenses for:

Your Mortgages: 1st Mortgage:\$_____ 2nd Mortgage \$_____

Is property tax included in payment? Circle One: YES or NO

Is homeowners insurance included? Circle One: YES or NO

Make sure to list any other mortgage payments you may have:_____

Monthly Rent \$_____

Landlord's Name and Address:_____

Did you sign a lease or contract with your landlord? Circle One: YES or NO

If yes, when does the lease end?_____ Are you current on your rent? Circle One: YES or NO

If not how many months behind are you?_____

Please estimate your **monthly** expenses for the in the chart below. These should include your entire household (you, spouse and dependents). Do not include expenses that are automatically deducted from your paycheck.

Electricity \$_____	Gas \$_____	Water \$_____	Telephone \$_____
Home Maintenance \$_____	Food/Groceries \$_____	Clothing \$_____	Laundry/Cleaning \$_____
Newspapers, Magazines, School Books \$_____	Health Insurance (not already deducted from wages) \$_____	Homeowner-s/Renter-s Insurance \$____	Fire Insurance \$_____
Life Insurance (not already deducted from wages) \$_____	Public Transportation \$_____	Automobile Insurance \$_____	Gasoline/Oil \$_____
Recreation/Entertainme nt \$_____	Club/Union Dues (not already deducted from wages) \$_____	Auto Property Taxes \$_____	Real Property Taxes \$_____
Mobile Home Property Taxes \$_____	Alimony/Maintenance or Support Payments \$_____	Other payments for support of dependents \$_____	Medications \$_____

Doctors/Dentist \$_____	Charitable Contributions \$_____	Cable \$_____	Day Care \$_____
Other Expenses (must give detailed list) \$_____	Automobile Upkeep \$_____	Homeowner's Association Dues \$_____	

If explanation for an expense is required, write it here: _____

➡ If medical bills are higher than \$150, you must have written proof (a detailed list)

➡ If you listed charitable contributions, you must provide written proof of last 12 months: (printout from church or charity)

➡ If you are married but filing by yourself, please list the creditor, the monthly payment and balance of any debts your spouse is going to continue to pay (i.e. - credit cards, car payment, loans, etc.). Include any other expenses your spouse has that are separate from the normal household budget:

List all dependents information below:

Age	Relationship	Gender	Your dependent on taxes?	Reside w/ you ?
_____	_____	M/F	YES / NO	YES / NO
_____	_____	M/F	YES / NO	YES / NO
_____	_____	M/F	YES / NO	YES / NO
_____	_____	M/F	YES / NO	YES / NO

If you need more space to list your dependant, check this space ____ and write the details on the back of this page.

Payments or Transfers to Attorney or Debt Consultants:

Not counting Express Bankruptcy Solutions, give the date, name, and address of any bankruptcy attorney or debt consultant (petition preparer, typing service, document preparation service, independent paralegal, credit counseling) you have paid during the past year:_____

If someone else paid your attorney's fees to Express Bankruptcy Solutions, list their name(s) please:_____

Previous Addresses:

List all addresses you have had in the last three years. If husband and wife are filing bankruptcy together, list addresses for each for the last two years (include street, town, zip code, and date).

Address	Dates of Occupancy
1. _____	_____
2. _____	_____
3. _____	_____

Debts Repaid:

Have made any payments in the last **90 days** to ANY creditor or other person or entity totaling **more than \$600.00** (ie. Mortgage, car, credit cards, finance companies, check cashing, family, friends, etc.)?

Circle One: YES or NO

If yes, please specify below:

Name of Creditor or Other Person	Date of Payment	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

If you need more space, check this space ___ and list additional payments on the back of this page.

Have you given away, sold or transferred in any way any real estate, homes, land, buildings, cash, automobiles or other valuable property to a family member or business associate in the last six years?

Circle One: YES or NO

Have you sold or transferred any real estate, automobiles or other valuable property to anyone in the last two (2) years?

Circle One: YES or NO

If you answered **YES** to either question, give the following (this includes selling homes or anything else):

Name and address of the transferee	Relationship to You	Description of the property	Date of Transfer	Value Received After Paying off Loans
1.				
2.				
3.				

If you need more space, check this space ____ and list additional payments on the back of this page.

Have you paid college tuition on behalf of your children or anyone else in the last five (5) years?

Circle One: YES or NO

Have you paid rent, car payments or any other expenses on behalf of anyone outside of the household (including your own children) in the last five (5) years?

Circle One: YES or NO

Property Held for Another Person: Do you have any money or other property that belongs to another person or that you are holding for the benefit of someone else (in trust)?

Circle One: YES or NO

If Yes: Property Held Value of Property \$ _____

Owners Name Address: _____

Does anyone have any of your property? Circle One: YES or NO

If YES, list give details: _____

Have you had any property or merchandise repossessed during the last year?

Circle One: YES or NO

If YES, you must list it below and bring all papers regarding the repossession including all letters notifying you of the repossession or sale.

Description of the Property	Month and Year of Repossession	Name and Address of person who repossessed the item
1.		
2.		
3.		
4.		

Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year? Circle One: YES or NO

If YES, give details: _____

Did insurance pay for any part of the loss? Circle One: YES or NO

If YES, give date of payment and amount paid: _____

Have you been involved in any type of lawsuit in the last year? Circle One: YES or NO

➡ If YES, bring in any papers you have from the case.

Does anyone owe you any money, or do you have any potential claims or lawsuits to bring against another person or entity (this would include personal injury, wrongful death, products liability, etc.)? Circle One: YES or NO

➡ If YES, bring in any paperwork you have for the case.

Please describe the nature of the claim, even if no lawsuit has been filed yet and provide the name of the attorney representing you, if any: _____

Do you have any outstanding judgments against you? Circle One: YES or NO

➡ If YES, please list the creditors who have judgments and provide a copy of the judgment.

Please provide the state and county the judgment was filed in: _____

Have you filed all of your tax returns that were due for the last 10 years? Circle One: YES or NO

If no, which years have not been filed?: _____

➡ ****All taxes are required to be filed prior to filing bankruptcy****

Have you obtained a loan, cash advance or used any credit card in the last 90 days?

Circle One: YES or NO

If YES, give details including the creditor, amount and what was purchased with money _____

Please sign this questionnaire attesting that the information is accurate and that ALL CREDITORS have been listed to the best of your knowledge.

Client No. 1. _____ Date: _____

Client No. 2. _____ Date: _____

ON THE FOLLOWING PAGES, PLEASE LIST ALL OF YOUR CREDITORS, EVEN IF YOU INTEND ON PAYING THEM YOURSELF. INCLUDE DEBTS THAT YOU CO-SIGNED, INCLUDE ALL MORTGAGES, CAR PAYMENTS, LOANS, PAYDAY LOANS, MEDICAL BILLS, STUDENT LOANS, TAXES, CHILD SUPPORT WITH NAME OF PARENT AND COUNTY THROUGH WHICH IT IS PAID, ETC. PLEASE DO NOT BRING COPIES OF THESE BILLS.

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ **MONTHLY PAYMENTS**\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ **MONTHLY PAYMENTS**\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ CITY _____ STATE ZIP _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ CITY _____ STATE ZIP _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED: \$ _____ **MONTHLY PAYMENTS** \$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED: \$ _____ **MONTHLY PAYMENTS** \$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ CITY _____ STATE ZIP _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ CITY _____ STATE ZIP _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED: \$ _____ **MONTHLY PAYMENTS** \$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

MORTGAGE (Specify address of property) _____ CREDIT CARD

VEHICLE (Specify which vehicle) _____ MEDICAL BILL

LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING

OTHER _____

TOTAL AMOUNT OWED: \$ _____ **MONTHLY PAYMENTS** \$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

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